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P. 01

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09/10/2005

Audley A Ciamporcero Jr  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933-700311/16/2005 TBESHAH2 00000095 100750 09578317  
01 FC:1501 1400.00 DA

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Mary E. Tricario (Depositor's name)  
Mary E. Tricario (Signature)  
11-4-05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY-DOCKET NO.	CONFIRMATION NO.
09/578,317	05/25/2000	Boris Shkolnik	CRD0852	5734

TITLE OF INVENTION: INFLATABLE BALLOON CATHETER WITH PURGE MECHANISM AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	11/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DESANTO, MATTHEW F	3763	604-102010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cordis Neurovascular, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Miami Lakes, FL

Recorded: 05/25/2000

Reel/Frame: 010852/0633

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
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Authorized Signature

Typed or printed name Carl J. Evens

Date

Registration No. 33,874

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